

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		2				
4		2				
5		2				
6		2				
7		①				
8		①				
9		①				
10		①				
11		2				
12	1					
13		1				
14		①				
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49						
50						
TOTAL IND.	2	↓	↓	↓	↓	↓
TOTAL DEP.	17	←	←	←	←	←
TOTAL CLAIMS	19					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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99						
100						
TOTAL IND.	↓	↓	↓	↓	↓	↓
TOTAL DEP.	←	←	←	←	←	←
TOTAL CLAIMS						